



General Assembly

January Session, 2009

***Raised Bill No. 960***

LCO No. 3630

\*03630\_\_\_\_\_INS\*

Referred to Committee on Insurance and Real Estate

Introduced by:  
(INS)

***AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS'  
RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE  
INSURANCE STATUTES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (a) of section 38a-9 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective from*  
3 *passage*):

4 (a) Notwithstanding the provisions of section 4-8, there shall be a  
5 Division of Consumer Affairs within the Insurance Department, which  
6 division shall act on the Insurance Commissioner's behalf and at his  
7 direction in order to carry out his responsibilities under this title with  
8 respect to such matters. The division shall receive and review  
9 complaints from residents of this state concerning their insurance  
10 problems, including claims disputes, and serve as a mediator in such  
11 disputes in order to assist the commissioner in determining whether  
12 statutory requirements and contractual obligations within the  
13 commissioner's jurisdiction have been fulfilled. There shall be a  
14 director of said division, who shall be provided with sufficient staff.  
15 The division shall serve to coordinate all appropriate facilities in the

16 department in addressing such complaints, and conduct any outreach  
 17 programs deemed necessary to properly inform and educate the public  
 18 on insurance matters. The director shall submit quarterly reports to the  
 19 commissioner, which shall state the number of complaints received by  
 20 the division in such calendar quarter, the Connecticut premium  
 21 volume of the appropriate line of each insurance company against  
 22 which a complaint has been filed, the types of complaints received,  
 23 and the number of such complaints which have been resolved. Such  
 24 reports shall be published every six months and copies shall be made  
 25 available to any interested resident of this state upon request. The  
 26 commissioner shall report, in accordance with section 11-4a, to the  
 27 joint standing committee of the General Assembly having cognizance  
 28 of matters relating to insurance on or before January [15, 1988, and]  
 29 fifteenth annually, [thereafter,] concerning the findings of such reports  
 30 and suggestions for legislative initiatives to address recurring  
 31 problems.

32 Sec. 2. Subsection (c) of section 38a-9 of the general statutes is  
 33 repealed and the following is substituted in lieu thereof (*Effective from*  
 34 *passage*):

35 (c) Notwithstanding the provisions of section 4-8, there shall be a  
 36 Division of Rate Review within the Insurance Department, which  
 37 division shall act on the commissioner's behalf and at the  
 38 commissioner's direction in order to carry out the commissioner's  
 39 responsibilities under this title with respect to such matters. Subject to  
 40 the provisions of sections 38a-663 to 38a-696, inclusive, as amended by  
 41 this act, the division shall assist the commissioner in reviewing rates  
 42 and supplementary rate information filed with the department for  
 43 compliance with statutory requirements and standards. The division's  
 44 staff shall include rating examiners with sufficient actuarial expertise.  
 45 Upon the request of the commissioner, the division shall review rates  
 46 and supplementary rate information, and any suspected violation of  
 47 the statutory requirements and standards of sections 38a-663 to 38a-  
 48 696, as amended by this act, inclusive, found pursuant to such review

49 shall be referred to the commissioner for appropriate action. The  
50 division may assist the commissioner in formalizing the  
51 commissioner's findings regarding such actions. The commissioner  
52 shall report, in accordance with section 11-4a, to the joint standing  
53 committee of the General Assembly having cognizance of matters  
54 relating to insurance on or before January [15, 1988, and] fifteenth  
55 annually, [thereafter,] concerning (1) the number and type of reviews  
56 conducted by the division in the prior calendar year, and (2) the  
57 percentage of increase or decrease in rates reviewed by the division  
58 during the preceding calendar year, by line and subline of insurance.

59 Sec. 3. Subsection (b) of section 38a-12 of the general statutes is  
60 repealed and the following is substituted in lieu thereof (*Effective from*  
61 *passage*):

62 (b) On or before January 15, 2001, and annually thereafter, the  
63 commissioner shall submit to the joint standing committee of the  
64 General Assembly having cognizance of matters relating to insurance a  
65 report, in accordance with the provisions of section 11-4a, detailing all  
66 the information the commissioner received during the past year  
67 pursuant to sections 29-311, 31-290d, 38a-356 and 53-445.

68 Sec. 4. Subdivision (3) of subsection (e) of section 38a-14 of the  
69 general statutes is repealed and the following is substituted in lieu  
70 thereof (*Effective from passage*):

71 (3) [No] Not later than sixty days following completion of the  
72 examination, the examiner in charge shall file, under oath, with the  
73 Insurance Department a verified written report of examination. Upon  
74 receipt of the verified report, the Insurance Department shall transmit  
75 the report to the company examined, together with a notice which  
76 shall afford the company examined a reasonable opportunity, not to  
77 exceed thirty days, to make a written submission or rebuttal with  
78 respect to any matters contained in the examination report. [Within]  
79 Not later than thirty days [of the end of] after the period allowed for  
80 the receipt of written submissions or rebuttals, the commissioner shall

81 fully consider and review the report, together with any written  
82 submissions or rebuttals and any relevant portions of the examiner's  
83 workpapers and enter an order: (A) Adopting the examination report  
84 as filed or with modification or corrections. If the examination report  
85 reveals that the company is operating in violation of any law,  
86 regulation or prior order of the commissioner, the commissioner may  
87 order the company to take any action the commissioner considers  
88 necessary and appropriate to cure such violation; [or] (B) rejecting the  
89 examination report with directions to the examiners to reopen the  
90 examination for purposes of obtaining additional data, documentation  
91 or information, and refiling pursuant to subparagraph (A) of this  
92 subdivision; or (C) calling for an investigatory hearing with [no] not  
93 less than twenty days' notice to the company for purposes of obtaining  
94 additional documentation, data, information and testimony.

95 Sec. 5. Subdivision (2) of subsection (f) of section 38a-14 of the  
96 general statutes is repealed and the following is substituted in lieu  
97 thereof (*Effective from passage*):

98 (2) Any investigatory hearing conducted under subparagraph (C) of  
99 subdivision (3) of subsection (e) of this section by the commissioner or  
100 authorized representative, shall be conducted as a nonadversarial  
101 confidential investigatory proceeding as necessary for the resolution of  
102 any inconsistencies, discrepancies or disputed issues apparent (A)  
103 upon the filed examination report, (B) raised by or as a result of the  
104 commissioner's review of relevant workpapers, or (C) by the written  
105 submission or rebuttal of the company. [Within] Not later than twenty  
106 days [of] after the conclusions of any such hearing, the commissioner  
107 shall enter an order pursuant to subparagraph (A) of subdivision (3) of  
108 subsection (e) of this section. The commissioner shall not appoint an  
109 examiner as an authorized representative to conduct the hearing. The  
110 hearing shall proceed expeditiously with discovery by the company  
111 limited to the examiner's workpapers [which] that tend to substantiate  
112 any assertions set forth in any written submission or rebuttal. The  
113 commissioner or his authorized representative may issue subpoenas

114 for the attendance of any witnesses or the production of any  
115 documents deemed relevant to the investigation, whether under the  
116 control of the department, the company or other persons. The  
117 documents produced shall be included in the record and testimony  
118 taken by the commissioner or his authorized representative shall be  
119 under oath and preserved for the record. Nothing contained in this  
120 section shall require the department to disclose any information or  
121 records [which] that would indicate or show the existence or content of  
122 any investigation or activity of a criminal justice agency. The hearing  
123 shall proceed with the commissioner or his authorized representative  
124 posing questions to the persons subpoenaed. Thereafter the company  
125 and the Insurance Department may present testimony relevant to the  
126 investigation. Cross-examination shall be conducted only by the  
127 commissioner or his authorized representative. The company and the  
128 Insurance Department shall be permitted to make closing statements  
129 and may be represented by counsel of their choice.

130 Sec. 6. Subdivision (5) of subsection (k) of section 38a-14 of the  
131 general statutes is repealed and the following is substituted in lieu  
132 thereof (*Effective from passage*):

133 (5) A person identified in subdivision (2) of this subsection shall be  
134 entitled to an award of attorney's fees and costs if [he] such person is  
135 the prevailing party in a civil cause of action for libel, slander or any  
136 other relevant tort arising out of activities in carrying out the  
137 provisions of this section and the party bringing the action was not  
138 substantially justified in doing so. For purposes of this section, a  
139 proceeding is "substantially justified" if it had a reasonable basis in law  
140 or fact at the time that it was initiated.

141 Sec. 7. Section 38a-15 of the general statutes is repealed and the  
142 following is substituted in lieu thereof (*Effective from passage*):

143 (a) The commissioner shall, as often as [he] the commissioner deems  
144 it expedient, undertake a market conduct examination of the affairs of  
145 any insurance company, health care center or fraternal benefit society

146 doing business in this state.

147 (b) To carry out the examinations under this section, the  
 148 commissioner may appoint, as market conduct examiners, one or more  
 149 competent persons [, not] who shall not be officers [or] of, connected  
 150 with or interested in any insurance company, health care center or  
 151 fraternal benefit society, other than as a policyholder. In conducting  
 152 the examination, the commissioner, [his] the commissioner's actuary or  
 153 any examiner authorized by the commissioner may examine, under  
 154 oath, the officers and agents of such an insurance company, health care  
 155 center or fraternal benefit society and all persons deemed to have  
 156 material information regarding the company's, center's or society's  
 157 property or business. Each such company, center or society, its officers  
 158 and agents, shall produce the books and papers, in its or their  
 159 possession, relating to its business or affairs, and any other person may  
 160 be required to produce any book or paper [, in his] in such person's  
 161 custody, deemed to be relevant to the examination, for the inspection  
 162 of the commissioner, his actuary or examiners, when required. The  
 163 officers and agents of the company, center or association shall facilitate  
 164 the examination and aid the examiners in making the same so far as it  
 165 is in their power to do so.

166 (c) Each market conduct examiner shall make a full and true report  
 167 of each market conduct examination made by [him, which] such  
 168 examiner, that shall comprise only facts appearing upon the books,  
 169 papers, records or documents of the examined company, center or  
 170 society or ascertained from the sworn testimony of its officers or agents  
 171 or of other persons examined under oath concerning its affairs. The  
 172 examiner's report shall be presumptive evidence of the facts therein  
 173 stated in any action or proceeding in the name of the state against the  
 174 company, center or society, its officers or agents. [The] Before filing  
 175 such report, the commissioner shall grant a hearing to the company,  
 176 center or society examined, [before filing any such report,] and may  
 177 withhold any such report from public inspection for such time as [he]  
 178 the commissioner deems proper. The commissioner may, if [he] the

179 commissioner deems it in the public interest, publish any such report,  
180 or the result of any such examination contained therein, in one or more  
181 newspapers of the state.

182 (d) All the expense of any examination made under the authority of  
183 this section, other than examinations of domestic insurance companies,  
184 shall be paid by the company, center or society examined, and  
185 domestic insurance companies and other domestic entities examined  
186 outside the state shall pay the traveling and maintenance expenses of  
187 examiners.

188 Sec. 8. Subsection (a) of section 38a-16 of the general statutes is  
189 repealed and the following is substituted in lieu thereof (*Effective from*  
190 *passage*):

191 (a) The Insurance Commissioner or [his] the commissioner's  
192 authorized representative may, as often as [he] the commissioner  
193 deems necessary, conduct investigations and hearings in aid of any  
194 investigation on any matter under the provisions of this title. Pursuant  
195 to any such investigation or hearing, the commissioner or [his] the  
196 commissioner's authorized representative may issue subpoenas,  
197 administer oaths, compel testimony, order the production of books,  
198 records, papers and documents, and examine books and records. If any  
199 person refuses to allow the examination of books and records, to  
200 appear, to testify or to produce any book, record, paper or document  
201 when so ordered, a judge of the Superior Court, upon application of  
202 the commissioner or [his] the commissioner's authorized  
203 representative, may make such order as may be appropriate to aid in  
204 the enforcement of this section.

205 Sec. 9. Section 38a-17 of the general statutes is repealed and the  
206 following is substituted in lieu thereof (*Effective from passage*):

207 If, in the opinion of the commissioner, any insurance company,  
208 fraternal benefit society, health care center or residual market  
209 mechanism is doing business in an illegal or improper manner or is

210 failing to adjust and pay losses and obligations when they become due,  
 211 except claims to which, in the judgment of the commissioner there is a  
 212 substantial defense, [he] the commissioner may order it to discontinue  
 213 such illegal or improper method of doing business and may order it to  
 214 adjust and pay its losses and obligations as they become due.

215 Sec. 10. Subsection (a) of section 38a-18 of the general statutes is  
 216 repealed and the following is substituted in lieu thereof (*Effective from*  
 217 *passage*):

218 (a) Whenever any domestic insurance company or corporation  
 219 [which is] under the supervision of the commissioner; (1) [is] Is  
 220 insolvent; [or] (2) has refused to submit its books, papers, accounts or  
 221 affairs to the reasonable inspection of the commissioner, his actuary or  
 222 examiner; [or] (3) has permitted its capital to fall below the limits  
 223 specified in either section 38a-72 or its charter, [or] has failed to restore  
 224 any deficiency within the time prescribed by subsection (d) of section  
 225 38a-71, or has failed to observe any other order of the commissioner  
 226 authorized by statute; [or] (4) has, by contract of reinsurance or  
 227 otherwise, transferred or attempted to transfer substantially its entire  
 228 property or business, or entered into any transaction the effect of  
 229 which is to merge substantially its entire property or business in the  
 230 property or business of any other company, corporation or association,  
 231 without having first obtained the written approval of the  
 232 commissioner; [or] (5) is found, after an examination, to be in such  
 233 condition that its further transaction of business will be hazardous to  
 234 its policyholders or to its creditors or to the public; [or] (6) has wilfully  
 235 violated its charter or any law of the state; [or] (7) whenever any officer  
 236 or director of such company has refused to be examined under oath  
 237 concerning its affairs; or (8) if such company is organized under the  
 238 laws relating to assessment companies, its condition is found, after  
 239 examination, to be such that it could not meet the lawful requirements  
 240 for incorporation and authorization, [then and in any such case] the  
 241 commissioner may, the Attorney General representing him, apply to  
 242 the superior court or any judge thereof for the judicial district in which



243 the principal office of such company is located, for an order directing  
244 such company to show cause why the commissioner should not take  
245 possession of its property and conduct its business, and for such other  
246 relief as the nature of the case and the interests of its policyholders,  
247 creditors and stockholders or the public may require.

248 Sec. 11. Subdivision (2) of subsection (a) of section 38a-53 of the  
249 general statutes is repealed and the following is substituted in lieu  
250 thereof (*Effective from passage*):

251 (2) Each accredited reinsurer, as defined in subdivision (1) of  
252 subsection (c) of section 38a-85, and assuming insurance company, as  
253 provided in section 38a-85, shall file an annual report in accordance  
254 with the provisions of section 38a-85.

255 Sec. 12. Subdivision (2) of subsection (c) of section 38a-91hh of the  
256 general statutes is repealed and the following is substituted in lieu  
257 thereof (*Effective from passage*):

258 (2) In conducting the examination, the commissioner, the  
259 commissioner's actuary or any examiner authorized by the  
260 commissioner may examine, under oath, the officers and agents of  
261 such a company and all persons deemed to have material information  
262 regarding the company's property or business. Each such company, its  
263 officers and agents shall produce the books and papers, in its or their  
264 possession, relating to its business or affairs, and any other person may  
265 be required to produce any book or paper, in his custody, deemed to  
266 be relevant to such examination for the inspection of the  
267 commissioner, the commissioner's actuary or examiners, when  
268 required. The officers and agents of the company shall facilitate the  
269 examination and aid the examiners in making the same so far as it is in  
270 their power to do so. The refusal of any company by its officers,  
271 directors, employees or agents to submit to examination or to comply  
272 with any reasonable written request of the examiners shall be grounds  
273 for suspension of, or [refusal] revocation of or nonrenewal of any  
274 license or authority held by the company to engage in an insurance or

275 other business subject to the commissioner's jurisdiction. Any such  
276 proceedings for suspension, revocation or [refusal] nonrenewal of any  
277 license or authority shall be conducted pursuant to section 38a-91ii.

278 Sec. 13. Subsections (g) to (i), inclusive, of section 38a-91hh of the  
279 general statutes are repealed and the following is substituted in lieu  
280 thereof (*Effective from passage*):

281 (g) Nothing contained in this section shall prevent or be construed  
282 as prohibiting the commissioner from disclosing the content of an  
283 examination report, preliminary examination report or results, or any  
284 matter relating to such report to (1) the Insurance Department of this  
285 or any other state or country, (2) law enforcement officials of this or  
286 any other state, or (3) any agency of the federal government at any  
287 time, [unless] so long as such agency or office receiving the report or  
288 matters relating to such report agrees, in writing, that such documents  
289 shall be confidential.

290 (h) All working papers, recorded information, documents and  
291 copies thereof produced by, obtained by or disclosed to the  
292 commissioner or any other person in the course of an examination  
293 made under this section shall (1) be confidential, (2) not be subject to  
294 subpoena, and (3) not be made public by the commissioner or any  
295 other person, except to the extent provided in subsection (g) of this  
296 section. Access to such information may be granted by the  
297 commissioner to the National Association of Insurance  
298 Commissioners, [unless] so long as it agrees, in writing, that such  
299 information shall be confidential.

300 (i) (1) The commissioner may engage the services of, from time to  
301 time, on an individual basis, qualified actuaries, certified public  
302 accountants or other similar individuals who are independently  
303 practicing their professions, even though [said] such persons may,  
304 from time to time, be similarly employed or retained by persons  
305 subject to examination under this section.

306       (2) No cause of action shall arise nor shall any liability be imposed  
307 against the commissioner, the commissioner's authorized  
308 representatives or any examiner appointed by the commissioner for  
309 any statements made or conduct performed in good faith while  
310 carrying out the provisions of this section.

311       (3) No cause of action shall arise, nor shall any liability be imposed,  
312 against any person for the act of communicating or delivering  
313 information or data to the commissioner or the commissioner's  
314 authorized representative examiner pursuant to an examination made  
315 under this section, if such act of communication or delivery was  
316 performed in good faith and without fraudulent intent or the intent to  
317 deceive.

318       (4) This section does not abrogate or modify in any way any  
319 common law or statutory privilege or immunity heretofore enjoyed by  
320 any person identified in subdivision (2) of this subsection.

321       (5) A person identified in subdivision (2) of this subsection shall be  
322 entitled to an award of attorney's fees and costs if he is the prevailing  
323 party in a civil cause of action for libel, slander or any other relevant  
324 tort arising out of activities in carrying out the provisions of this  
325 section and the party bringing the action was not substantially justified  
326 in doing so. For purposes of this section, a proceeding is "substantially  
327 justified" if it had a reasonable basis in law or fact at the time that it  
328 was initiated.

329       Sec. 14. Subsections (a) and (b) of section 38a-91nn of the general  
330 statutes are repealed and the following is substituted in lieu thereof  
331 (*Effective from passage*):

332       (a) Each captive insurance company shall pay to the Commissioner  
333 of Revenue Services, in the month of February of each year, a tax at the  
334 rate of thirty-eight hundredths of one per cent on the first twenty  
335 million dollars and two hundred eighty-five thousandths of one per  
336 cent on the next twenty million dollars and nineteen hundredths of

337 one per cent on the next twenty million dollars and seventy-two  
 338 thousandths of one per cent on each dollar thereafter, on the direct  
 339 premiums collected or contracted for on policies or contracts of  
 340 insurance written by the captive insurance company during the year  
 341 ending December thirty-first next preceding, after deducting from the  
 342 direct premiums subject to the tax the amounts paid to policyholders  
 343 as return premiums which shall include dividends on unabsorbed  
 344 premiums or premium deposits returned or credited to policyholders,  
 345 except that no tax shall be due or payable as to considerations received  
 346 for annuity contracts.

347 (b) The annual minimum aggregate tax to be paid by a captive  
 348 insurance company calculated under [subsections] subsection (a) [and  
 349 (b)] of this section shall be seven thousand five hundred dollars, and  
 350 the annual maximum aggregate tax shall be two hundred thousand  
 351 dollars.

352 Sec. 15. Subsection (f) of section 38a-226a of the general statutes is  
 353 repealed and the following is substituted in lieu thereof (*Effective from*  
 354 *passage*):

355 (f) If the commissioner determines that additional data from a  
 356 utilization review company [is] are necessary to determine compliance  
 357 with the provisions of sections 38a-226 to 38a-226d, inclusive, he may  
 358 require the utilization review company to provide data relating to  
 359 reviews, appeals and denials.

360 Sec. 16. Section 38a-260 of the general statutes is repealed and the  
 361 following is substituted in lieu thereof (*Effective from passage*):

362 [Any] Each purchasing group meeting the criteria established under  
 363 the provisions of the Liability Risk Retention Act of 1986 shall be  
 364 exempt from any law of this state relating to the creation of groups for  
 365 the purchase of insurance, prohibition of group purchasing or any law  
 366 that would discriminate against a purchasing group or its members.  
 367 [Any] Each insurer shall be exempt from any law of this state [which]

368 that prohibits providing, or offering to provide, to a purchasing group  
 369 or its members advantages based on their loss and expense experience  
 370 not afforded to other persons with respect to rates, policy forms,  
 371 coverage or other matters. [Any] Each purchasing group shall be  
 372 subject to all other applicable laws of this state. [Any] No purchasing  
 373 group [may not] shall purchase insurance from a risk retention group  
 374 that is not chartered in a state or from an insurer not admitted in this  
 375 state, unless the purchase is effected through a licensed producer  
 376 acting pursuant to the surplus lines, laws and regulations of this state.  
 377 A purchasing group [which] that obtains liability insurance from a risk  
 378 retention group or an insurer not admitted in this state shall inform  
 379 each of the members of the group [which] that have a risk resident or  
 380 located in this state that the risk is not protected by the Connecticut  
 381 Insurance Guaranty Association, and that the risk retention group or  
 382 insurer may not be subject to all insurance laws and regulations of this  
 383 state. No purchasing group [may] shall purchase insurance providing  
 384 for a deductible or self-insured retention applicable to the group as a  
 385 whole, [; however,] except that such coverage may provide for a  
 386 deductible or self-insured retention applicable to individual members.

387 Sec. 17. Subsection (b) of section 38a-364 of the general statutes is  
 388 repealed and the following is substituted in lieu thereof (*Effective from*  
 389 *passage*):

390 (b) Each insurance company that issues private passenger motor  
 391 vehicle liability insurance providing the security required by sections  
 392 38a-19 and 38a-363 to 38a-388, inclusive, shall issue annually to each  
 393 such insured an automobile insurance identification card, in duplicate,  
 394 for each insured vehicle, one of which shall be presented to the  
 395 commissioner as provided in section 14-12b and the other carried in  
 396 the vehicle as provided in section 14-12f. Except as provided in  
 397 subsection (c) of this section, such card shall be effective for a period of  
 398 one year and shall include the name of the insured and insurer, the  
 399 policy number, the effective date of coverage, the year, make or model  
 400 and vehicle identification number of the insured vehicle and an

401 appropriate space wherein the insured may set forth the year, make or  
402 model and vehicle identification number of any private passenger  
403 motor vehicle that becomes covered as a result of a change in the  
404 covered vehicle during the effective period of the identification card.  
405 When an insured has five or more private passenger motor vehicles  
406 registered in this state, the insurer may use the designation "all owned  
407 vehicles" on each card in lieu of a specific vehicle description. Each  
408 insurance company that delivers, issues for delivery or renews such  
409 private passenger motor vehicle liability insurance in this state on or  
410 after January 1, 2009, shall include on such card, the following notice,  
411 printed in capital letters and boldface type:

412 NOTICE:

413 YOU HAVE THE RIGHT TO CHOOSE THE LICENSED REPAIR  
414 SHOP WHERE THE DAMAGE TO YOUR MOTOR VEHICLE WILL  
415 BE REPAIRED.

416 Sec. 18. Subsections (c) and (d) of section 38a-465a of the general  
417 statutes are repealed and the following is substituted in lieu thereof  
418 (*Effective from passage*):

419 (c) A life insurance producer, who has been duly licensed as a  
420 resident insurance producer with a life line of authority in this state or  
421 in [said] such producer's home state for not less than one year and is  
422 licensed as a nonresident producer pursuant to section 38a-702g, shall  
423 be deemed to meet the licensing requirements of this section and shall  
424 be permitted to operate as a broker.

425 (d) Not later than thirty days [from] after the first day of operating  
426 as a broker, a life insurance producer shall notify the commissioner  
427 that [said] such producer is acting as a broker on a form prescribed by  
428 the commissioner, and shall pay a filing fee as specified in section 38a-  
429 11. Such notification shall include an acknowledgement by the life  
430 insurance producer that [said] such producer shall operate as a broker  
431 in accordance with this part.

432 Sec. 19. Subsection (a) of section 38a-465c of the general statutes is  
433 repealed and the following is substituted in lieu thereof (*Effective from*  
434 *passage*):

435 (a) No person shall use any form of life settlement contract or  
436 disclosure statement in this state unless such form has been filed with  
437 and approved by the commissioner. The commissioner shall  
438 disapprove a life settlement contract form or disclosure statement form  
439 if the commissioner finds any provision in said form is unreasonable,  
440 contrary to the interests of the public, fails to comply with the  
441 provisions of sections 38a-465f, 38a-465g [,] and 38a-465n and  
442 subsection (b) of section 38a-465k, or is otherwise misleading or unfair  
443 to the owner. The commissioner may require the submission of  
444 advertising materials.

445 Sec. 20. Subsection (a) of section 38a-465e of the general statutes is  
446 repealed and the following is substituted in lieu thereof (*Effective from*  
447 *passage*):

448 (a) When the commissioner deems it reasonably necessary to protect  
449 the interests of the public, the commissioner may examine the business  
450 and affairs of any licensee or applicant for a license. The commissioner  
451 may order any licensee or applicant to produce any records, books,  
452 files or other information reasonably necessary to ascertain whether  
453 such [license] licensee or applicant is acting or acted in violation of the  
454 law or is otherwise contrary to the interests of the public. The licensee  
455 or applicant shall pay all expenses incurred by the commissioner in  
456 conducting any examination.

457 Sec. 21. Subdivision (1) of subsection (e) of section 38a-465e of the  
458 general statutes is repealed and the following is substituted in lieu  
459 thereof (*Effective from passage*):

460 (e) (1) Upon determining that an examination should be conducted,  
461 the commissioner shall issue an examination warrant appointing one  
462 or more examiners to perform [said] such examination and instructing

463 them as to its scope. In conducting the examination, the examiner shall  
464 use methods common to the examination of any life settlement licensee  
465 and shall use guidelines and procedures set forth in an examiners'  
466 handbook adopted by a national organization.

467 Sec. 22. Subparagraph (B) of subdivision (2) of subsection (c) of  
468 section 38a-465h of the general statutes is repealed and the following is  
469 substituted in lieu thereof (*Effective from passage*):

470 (B) The loan arrangement for this policy provides funds sufficient to  
471 pay for partial or full payment of the premiums, costs and expenses  
472 associated with obtaining and maintaining such life insurance policy,  
473 and that such applicant or insured has not entered into any agreement  
474 by which such applicant or insured will receive consideration in  
475 exchange for procuring such policy.

476 Sec. 23. Subdivision (5) of subsection (a) of section 38a-465i of the  
477 general statutes is repealed and the following is substituted in lieu  
478 thereof (*Effective from passage*):

479 (5) Receive, if providing premium financing, any proceeds, fees or  
480 other consideration from the policy or policy owner that are in  
481 addition to the amounts required to pay principal, interest or any costs  
482 or expenses, which are reasonable in type and amount, incurred by the  
483 lender or borrower in connection with such premium finance  
484 agreement, except in the event of a default, provided neither default on  
485 such loan [or] nor the transfer of the policy, in connection with such  
486 default, is pursuant to an agreement or understanding with any other  
487 person for the purpose of evading regulation under this part. Any  
488 payments, charges, fees or other amounts received by a person or  
489 entity providing premium financing in violation of this subdivision  
490 shall be remitted to the original owner of the policy or to such owner's  
491 estate if said original owner is not living at the time of the  
492 determination of the overpayment.

493 Sec. 24. Subparagraph (A)(i) of subdivision (2) of subsection (a) of



494 section 38a-465j of the general statutes is repealed and the following is  
495 substituted in lieu thereof (*Effective from passage*):

496 (i) Presenting, causing to be presented or preparing with knowledge  
497 and belief that it will be presented to or by a provider, premium  
498 finance lender, broker, insurer, insurance producer or any other  
499 person, false material information, or concealing material information,  
500 as part of, in support of, or concerning a fact material to one or more of  
501 the following: (I) An application for the issuance of a life settlement  
502 contract or insurance policy; (II) the underwriting of a life settlement  
503 contract or insurance policy; (III) a claim for payment or benefit  
504 pursuant to a life settlement contract or insurance policy; (IV)  
505 premiums paid on an insurance policy; (V) payments and changes in  
506 ownership or beneficiary made in accordance with the terms of a life  
507 settlement contract or insurance policy; (VI) the reinstatement or  
508 conversion of an insurance policy; (VII) [in] the solicitation, offer to  
509 enter into, or effectuation of a life settlement contract or insurance  
510 policy; (VIII) the issuance of written evidence of a life settlement  
511 contract or insurance policy; (IX) any application for or the existence of  
512 or any payments related to a loan secured directly or indirectly by any  
513 interest in a life insurance policy; or (X) [enter] the entry into any  
514 practice or plan that involves stranger-originated life insurance.

515 Sec. 25. Subsection (a) of section 38a-465p of the general statutes is  
516 repealed and the following is substituted in lieu thereof (*Effective from*  
517 *passage*):

518 (a) Any provider or broker lawfully transacting business in this state  
519 prior to October 1, 2008, may continue to do so pending approval or  
520 disapproval of such [provider] provider's or broker's application for a  
521 license, provided such application is filed with the commissioner not  
522 later than thirty days after October 1, 2008. During the time that such  
523 application is pending with the commissioner, the applicant may use  
524 any form of life settlement contract that has been filed with the  
525 commissioner pending approval thereof, provided that such form is

526 otherwise in compliance with the provisions of this part. Any person  
527 transacting business in this state under this provision shall be  
528 obligated to comply with all other requirements of this part.

529       Sec. 26. Subsection (c) of section 38a-470 of the general statutes is  
530 repealed and the following is substituted in lieu thereof (*Effective from*  
531 *passage*):

532       (c) The lien shall arise at the time such benefits are paid or such  
533 services are rendered. The person or entity furnishing such benefits or  
534 services shall serve written notice upon the employee, the insurance  
535 company providing workers' compensation benefits or the employer, if  
536 self-insured, and the workers' compensation commissioner for the  
537 district in which the claim for workers' compensation has been filed,  
538 setting forth the nature and extent of the lien allowable under  
539 subsection (b) of this section. The lien shall be effective against any  
540 workers' compensation award made after the notice is received.

541       Sec. 27. Subsection (c) of section 38a-696 of the general statutes is  
542 repealed and the following is substituted in lieu thereof (*Effective from*  
543 *passage*):

544       (c) Reports filed pursuant to subsection (b) of this section shall  
545 include the following data, both specific to the state and country-wide,  
546 on a calendar year basis by the type of insurance for the previous  
547 calendar year ending on the thirty-first day of December next  
548 preceding. Such data [includes] include: (1) Direct premiums written;  
549 (2) direct premiums earned; (3) incurred loss and loss adjustment  
550 expense; (4) incurred expenses; and (5) policyholder dividends. For  
551 purposes of this subsection, estimates may be used where credible data  
552 are unavailable.

553       Sec. 28. Subdivision (1) of subsection (f) of section 38a-860 of the  
554 general statutes is repealed and the following is substituted in lieu  
555 thereof (*Effective from passage*):

556 (f) (1) Sections 38a-858 to 38a-875, inclusive, shall provide coverage  
557 to the persons specified in subsections (a) to (d), inclusive, of this  
558 section for direct, nongroup life, health or annuity policies or contracts  
559 and supplemental contracts to such policies or contracts, for certificates  
560 under direct group policies and contracts, and for unallocated annuity  
561 contracts issued by member insurers, except as limited by said  
562 sections. Annuity contracts and certificates under group annuity  
563 contracts include, but are not limited to, guaranteed investment  
564 contracts, deposit administration contracts, unallocated funding  
565 agreements, allocated funding agreements, structured settlement  
566 annuities, annuities issued to or in connection with government  
567 lotteries and any immediate or deferred annuity contracts. (2) Said  
568 sections 38a-858 to 38a-875, inclusive, shall not provide coverage for:  
569 (A) Any portion of a policy or contract not guaranteed by the insurer,  
570 or under which the risk is borne by the policy or contract holder; (B)  
571 any policy or contract of reinsurance, unless assumption certificates  
572 have been issued; (C) any portion of a policy or contract to the extent  
573 that the rate of interest on which it is based or the interest rate,  
574 crediting rate or similar factor determined by use of an index or other  
575 external reference stated in the policy or contract employed in  
576 calculating returns or changes in value (i) averaged over the period of  
577 four years prior to the date on which the member insurer becomes an  
578 impaired or insolvent insurer under sections 38a-858 to 38a-875,  
579 inclusive, exceeds the rate of interest determined by subtracting two  
580 percentage points from Moody's corporate bond yield average  
581 averaged for that same four-year period or for such lesser period if the  
582 policy or contract was issued less than four years before the member  
583 insurer becomes an impaired or insolvent insurer under sections 38a-  
584 858 to 38a-875, inclusive, whichever is earlier; and (ii) on and after the  
585 date on which the member insurer becomes an impaired or insolvent  
586 insurer under sections 38a-858 to 38a-875, inclusive, whichever is  
587 earlier, exceeds the rate of interest determined by subtracting three  
588 percentage points from Moody's corporate bond yield average as most  
589 recently available; (D) any plan or program of an employer, association

590 or similar entity to provide life, health or annuity benefits to its  
591 employees or members to the extent that such plan or program is self-  
592 funded or uninsured, including, but not limited to, benefits payable by  
593 an employer, association or similar entity under (i) a multiple  
594 employer welfare arrangement as defined in Section 514 of the federal  
595 Employee Retirement Income Security Act of 1974, as amended from  
596 time to time; (ii) a minimum premium group insurance plan; or (iii) an  
597 administrative services only contract; (E) any stop-loss or excess loss  
598 insurance policy or contract providing for the indemnification of or  
599 payment to a policy owner, a contract owner, a plan or another person  
600 obligated to pay life, health or annuity benefits; (F) any portion of a  
601 policy or contract to the extent that it provides dividends, experience  
602 rating credits, voting rights or provides that any fees or allowances be  
603 paid to any person, including, but not limited to, the policy or contract  
604 holder, in connection with the service to or administration of such  
605 policy or contract; (G) any policy or contract issued in this state by a  
606 member insurer at a time when it was not licensed or did not have a  
607 certificate of authority to issue such policy or contract in this state; (H)  
608 any unallocated annuity contract issued to an employee benefit plan  
609 protected under the federal Pension Benefit Guaranty Corporation,  
610 regardless of whether the federal Pension Benefit Guaranty  
611 Corporation has yet become liable to make any payments with respect  
612 to the benefit plan; (I) any portion of an unallocated annuity contract  
613 that is not issued to, or in connection with a specific employee, union  
614 or association of natural persons benefit plan or a government lottery;  
615 (J) any subscriber contract issued by a health care center; (K) a  
616 contractual agreement that establishes the insurer's obligation by  
617 reference to a portfolio of assets that is not owned or possessed by the  
618 insurance company; (L) an obligation that does not arise under the  
619 express written terms of the policy or contract issued by the insurer to  
620 the contract owner or policy owner, including, but not limited to: (i) A  
621 claim based on marketing materials; (ii) a claim based on side letters,  
622 riders or other documents that were issued by the insurer without  
623 meeting applicable policy form filing or approval requirements; (iii) a

624 misrepresentation of or regarding policy benefits; (iv) an extra-  
 625 contractual claim; or (v) a claim for penalties or consequential or  
 626 incidental damages; (M) a contractual agreement that establishes the  
 627 member insurer's obligations to provide a book value accounting  
 628 guaranty for defined contribution benefit plan participants by  
 629 reference to a portfolio of assets that is owned by the benefit plan or its  
 630 trustee, which in each case is not an affiliate of the member insurer;  
 631 and (N) a portion of a policy or contract to the extent it provides for  
 632 interest or other changes in value to be determined by the use of an  
 633 index or other external reference stated in the policy or contract, but  
 634 which have not been credited to the policy or contract, or as to which  
 635 the policy or contract owner's rights are subject to forfeiture, as of the  
 636 date the member insurer becomes an impaired or insolvent insurer  
 637 under sections 38a-858 to 38a-875, inclusive, whichever is earlier. If a  
 638 policy's or contract's interest or changes in value are credited less  
 639 frequently than annually, then for purposes of determining the values  
 640 that have been credited and are not subject to forfeiture under this  
 641 subparagraph, the interest or change in value determined by using the  
 642 procedures defined in the policy or contract shall be credited as if the  
 643 contractual date of crediting interest or changing values was the date  
 644 of impairment or insolvency, whichever is earlier, and shall not be  
 645 subject to forfeiture.

646 Sec. 29. Subsection (g) of section 38a-860 of the general statutes is  
 647 repealed and the following is substituted in lieu thereof (*Effective from*  
 648 *passage*):

649 (g) The benefits for which the association may become liable shall in  
 650 no event exceed the lesser of: (1) The contractual obligations for which  
 651 the insurer is liable or would have been liable if it were not an  
 652 impaired insurer, or (2) (A) with respect to any one life, regardless of  
 653 the number of policies or contracts: (i) Five hundred thousand dollars  
 654 in life insurance death benefits, but no more than five hundred  
 655 thousand dollars in net cash surrender and net cash withdrawal values  
 656 for life insurance; (ii) five hundred thousand dollars in health

657 insurance benefits, including, but not limited to, any net cash  
658 surrender and net cash withdrawal values; (iii) five hundred thousand  
659 dollars in the present value of annuity benefits, including, but not  
660 limited to, net cash surrender and net cash withdrawal values; (B) with  
661 respect to each individual participating in a governmental retirement  
662 plan established under Section 401, 403(b) or 457 of the United States  
663 Internal Revenue Code covered by an unallocated annuity contract or  
664 the beneficiaries of each such individual if deceased, in the aggregate,  
665 five hundred thousand dollars in present value annuity benefits,  
666 including, but not limited to, net cash surrender and net cash  
667 withdrawal values; (C) with respect to each payee of a structured  
668 settlement annuity, or beneficiary or beneficiaries of the payee if  
669 deceased, five hundred thousand dollars in present value annuity  
670 benefits, in the aggregate, including, but not limited to, net cash  
671 surrender and net cash withdrawal values, if any, provided in no event  
672 shall the association be liable to expend (i) more than the five hundred  
673 thousand dollars in the aggregate with respect to any one individual  
674 under subparagraphs (A), (B) and (C) of this subdivision, and (ii) with  
675 respect to one owner of multiple nongroup policies of life insurance,  
676 whether the policy owner is an individual, firm, corporation or other  
677 person, and whether the persons insured are officers, managers,  
678 employees or other persons, more than five million dollars in benefits,  
679 regardless of the number of policies and contracts held by the owner;  
680 (D) with respect to either (i) one contract owner provided coverage  
681 under [subparagraph (B) of] subdivision (2) of subsection (b) of this  
682 section, or (ii) one plan sponsor whose plans own directly or in trust  
683 one or more unallocated annuity contracts not included in [subdivision  
684 (2) of subsection (f) of this section] subparagraph (B) of subdivision (2)  
685 of this subsection, five million dollars in benefits regardless of the  
686 number of contracts with respect to the contract owner or plan  
687 sponsor, except that in the case where one or more unallocated annuity  
688 contracts are covered contracts under sections 38a-858 to 38a-875,  
689 inclusive, and are owned by a trust or other entity for the benefit of  
690 two or more plan sponsors, coverage shall be afforded by the

691 association if the largest interest in the trust or entity owning the  
692 contract or contracts is held by a plan sponsor whose principal place of  
693 business is in this state and in no event shall the association be  
694 obligated to cover more than five million dollars in benefits with  
695 respect to all such unallocated contracts.

696 Sec. 30. Section 38a-981 of the general statutes is repealed and the  
697 following is substituted in lieu thereof (*Effective from passage*):

698 (a) Notwithstanding any provision of the general statutes, [to the  
699 contrary,] no insurance institution, agent or insurance-support  
700 organization may utilize as its disclosure authorization form in  
701 connection with insurance transactions, a form or statement [which]  
702 that authorizes the disclosure of personal or privileged information  
703 concerning an individual to an insurance institution, agent, or  
704 insurance-support organization unless the form or statement: (1) Is  
705 written in plain language substantially complying with the tests  
706 enumerated in subsection (b) of section 42-152; (2) is dated; (3) specifies  
707 the types of persons authorized to disclose information concerning the  
708 individual; (4) specifies the nature of the information authorized to be  
709 disclosed; (5) identifies the insurance institution or agent and the types  
710 of representatives of the insurance institution to whom the individual  
711 has authorized the information to be disclosed; (6) specifies the  
712 purposes for which the information is collected; (7) specifies the length  
713 of time such authorization shall remain valid, which shall be [no] not  
714 longer than: (A) In the case of authorizations signed for the purpose of  
715 collecting information in connection with an application for an  
716 insurance policy, a policy reinstatement or a request for a change in  
717 policy benefits, [: (i) Thirty] (i) thirty months from the date the  
718 authorization is signed if the application or request involves life, health  
719 or disability insurance, or (ii) one year from the date the authorization  
720 is signed if the application or request involves property or casualty  
721 insurance; [,] (B) in the case of authorizations signed for the purpose of  
722 collecting information in connection with a claim for benefits under an  
723 insurance policy, [: (i) The] (i) the term of coverage of the policy if the

724 claim involves a health insurance benefit, or (ii) the duration of the  
725 claim if it involves an insurance benefit which is not a health insurance  
726 benefit; and (8) advises the individual or a person authorized to act on  
727 [his] such individual's behalf that [he] such individual or authorized  
728 person is entitled to receive a copy of the authorization form.

729 (b) (1) An insurance institution or a third-party administrator  
730 providing insurance or administrative services with respect to an  
731 employer's employee benefit plan [which] that provides its employees  
732 with health benefits shall, upon written request of an exclusive  
733 bargaining agent for such employees, provide such bargaining agent  
734 with information regarding description of health benefits available to  
735 such employees, claim experience regarding such benefits and the cost  
736 to the employer for such coverage or administrative services, as the  
737 case may be, for employees in the bargaining unit represented by such  
738 bargaining agent. If such employees constitute a subgroup of a multi-  
739 bargaining-unit group, the information provided by the insurance  
740 institution or administrator shall, upon written request of the exclusive  
741 bargaining agent for the subgroup, include a description of available  
742 health benefits, claim experience regarding such benefits and the cost  
743 to the employer for such coverage or administrative services, as the  
744 case may be, for the entire multi-bargaining-unit group or for  
745 subgroups within the multi-bargaining-unit group. A copy of such  
746 information shall be provided at the same time to the employer by the  
747 insurance institution or administrator. Such information shall be made  
748 available to the bargaining agent and the employer only if the  
749 bargaining agent agrees in writing to pay all reasonable costs, as  
750 determined by the insurance institution or administrator, that are  
751 incurred by the insurance institution or administrator in developing  
752 and distributing the information. The information provided to such  
753 agent shall relate to the group of employees as a whole and shall not  
754 include any information relating to specific individuals. No requests  
755 made pursuant to this subdivision [may] shall seek information  
756 [which] that relates to a period of time more than twenty-four months  
757 prior to the date such request was made.



758 (2) Prior to providing any information pursuant to subdivision (1) of  
759 this subsection, an insurance institution or third-party administrator  
760 may require the bargaining agent requesting such information to  
761 provide evidence in writing that such bargaining agent is currently  
762 designated or certified by the proper state or federal authority as the  
763 exclusive bargaining representative or agent of the employees who are  
764 the subject of the request.

765 (3) The provisions of this subsection shall not apply to employees  
766 participating in an employee welfare benefit plan subject to the  
767 provisions of Title I of the Employee Retirement Income Security Act  
768 of 1974, [(ERISA), Public Law] P.L. 93-406, as amended from time to  
769 time, or to the exclusive bargaining agents of such employees.

770 Sec. 31. Subsection (b) of section 38a-984 of the general statutes is  
771 repealed and the following is substituted in lieu thereof (*Effective from*  
772 *passage*):

773 (b) If the insurance institution, agent or insurance-support  
774 organization corrects, amends or deletes recorded personal  
775 information in accordance with subdivision (1) of subsection (a) of this  
776 section, it shall so notify the individual in writing and furnish the  
777 correction, amendment or fact of deletion to: (1) Any person  
778 specifically designated by the individual who may have, within the  
779 preceding two years, received such recorded personal information; (2)  
780 any insurance-support organization whose primary source of personal  
781 information is insurance institutions if such organization has  
782 systematically received such information from the insurance  
783 institution within the preceding seven years, [;] provided [that] the  
784 correction, amendment or deletion need not be furnished if the  
785 organization no longer maintains the information about the individual;  
786 and (3) any insurance-support organization that furnished the personal  
787 information that has been corrected, amended or deleted.

788 Sec. 32. Section 20-329e of the general statutes is repealed and the  
789 following is substituted in lieu thereof (*Effective from passage*):

790 Before the commission issues any license under [sections 20-329a to  
791 20-329m, inclusive,] section 20-329f, as amended by this act, to any  
792 person or broker, the Department of Consumer Protection shall fully  
793 investigate all information placed before the department as may be  
794 required pursuant to sections [20-329a] 20-329b to 20-329m, inclusive,  
795 and may carry out a physical examination, investigation or inspection  
796 of any subdivision which is the subject of the application. All  
797 reasonable expenses incurred in carrying out such examination,  
798 investigation or inspection shall be paid by the applicant and no such  
799 license shall be issued until such expenses have been fully paid.

800 Sec. 33. Subsection (a) of section 20-329f of the general statutes is  
801 repealed and the following is substituted in lieu thereof (*Effective from*  
802 *passage*):

803 (a) The commission shall, upon completion of the investigation and  
804 inspection as provided in section 20-329e, as amended by this act, but,  
805 in the absence of any agreement to the contrary between the applicant  
806 and the commission, not later than three months from the receipt of  
807 the completed license application, or receipt of an effective statement  
808 of record filed with the Secretary of Housing and Urban Development  
809 and filed with the commission pursuant to subsection (c) of section 20-  
810 329b, as amended by this act, (1) approve or disapprove the  
811 prospectus, property report or offering statement submitted under  
812 subsection (c) of section 20-329b or section 20-329d, as the case may be,  
813 and (2) if satisfied, issue to the applicant, upon payment to the  
814 commission of a fee computed as provided in subsection (b) of this  
815 section, a license to offer and dispose of in this state the subdivision or  
816 parcels, units or other interests in any subdivision that is the subject of  
817 the application or such effective statement of record. Such license shall  
818 be valid for one year and may be renewed annually upon payment to  
819 the commission of a fee, computed as provided in subsection (b) of this  
820 section, unless there is a material change affecting such subdivision or  
821 lot, parcels, units or other interest in any subdivision or the offer or  
822 disposition thereof, in which case all new facts shall be reported to the

823 commission immediately. Upon receipt of such report or in the event  
824 that any such material change is discovered by or comes to the  
825 attention of the commission through other sources, the commission  
826 may, after a hearing pursuant to section 20-321, take such action as the  
827 commission considers necessary, including the suspension or  
828 revocation of such license if justified.

829 Sec. 34. Subsection (b) of section 42-491 of the general statutes is  
830 repealed and the following is substituted in lieu thereof (*Effective from*  
831 *passage*):

832 (b) Each such contracting entity that sells, leases, rents, assigns or  
833 grants access to any covered entity, a physician panel or a health care  
834 provider's health care services, discounted rates or fees shall:

835 (1) Maintain an Internet web site or a toll-free telephone number  
836 through which a health care provider may obtain a listing of the  
837 covered entities to which such provider's services, discounted rates or  
838 fees [has] have been sold, leased, rented, assigned or granted access;  
839 and

840 (2) Upon request at the time of entering into such contract, provide a  
841 list to the health care provider of all known covered entities to which  
842 such contracting entity may sell, lease, rent, assign or grant access to  
843 such provider's health care services, discounted rates or fees.

844 Sec. 35. Section 51-344b of the general statutes is repealed and the  
845 following is substituted in lieu thereof (*Effective from passage*):

846 Whenever the term "judicial district of Hartford" is used or referred  
847 to in the following sections of the general statutes, the term "judicial  
848 district of New Britain" shall be substituted in lieu thereof: Subsection  
849 (b) of section 3-70a, sections 3-71a and 4-164, subsection (c) of section 4-  
850 183, subdivision (4) of subsection (g) of section 10-153e, subparagraph  
851 (C) of subdivision (4) of subsection (e) of section 10a-109n, sections 12-  
852 3a, 12-89, 12-103, 12-208, 12-237, 12-242hh, 12-242ii, 12-242kk, 12-268l,

853 12-307, 12-312, 12-330m, 12-405k, 12-422, 12-448, 12-454, 12-463, 12-489,  
854 12-522, 12-554, 12-586g and 12-597, subsection (b) of section 12-638i,  
855 sections 12-730, 14-57, 14-66, 14-195, 14-324, 14-331 and 19a-85,  
856 subsection (f) of section 19a-332e, subsection (d) of section 19a-653,  
857 sections 20-156, 20-247, 20-307, 20-373, 20-583 and 21a-55, subsection  
858 (e) of section 22-7, sections 22-320d and 22-386, subsection (e) of section  
859 22a-6b, section 22a-30, subsection (a) of section 22a-34, subsection (b) of  
860 section 22a-34, section 22a-182a, subsection (f) of section 22a-225,  
861 sections 22a-227, 22a-344, 22a-374, 22a-408 and 22a-449g, subsection (f)  
862 of section 25-32e, section 29-158, subsection (f) of section 29-161z,  
863 sections 36b-30 and 36b-76, subsection (f) of section 38a-41, section 38a-  
864 52, subsection (c) of section 38a-150, sections 38a-185, 38a-209 and 38a-  
865 225, [subdivision (3)] subsection (c) of section 38a-226b, sections 38a-  
866 241, 38a-337 and 38a-657, subsection (c) of section 38a-774, section 38a-  
867 776, subsection (c) of section 38a-817 and section 38a-994.

868 Sec. 36. Section 38a-91k of the general statutes is repealed. (*Effective*  
869 *from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	38a-9(a)
Sec. 2	<i>from passage</i>	38a-9(c)
Sec. 3	<i>from passage</i>	38a-12(b)
Sec. 4	<i>from passage</i>	38a-14(e)(3)
Sec. 5	<i>from passage</i>	38a-14(f)(2)
Sec. 6	<i>from passage</i>	38a-14(k)(5)
Sec. 7	<i>from passage</i>	38a-15
Sec. 8	<i>from passage</i>	38a-16(a)
Sec. 9	<i>from passage</i>	38a-17
Sec. 10	<i>from passage</i>	38a-18(a)
Sec. 11	<i>from passage</i>	38a-53(a)(2)
Sec. 12	<i>from passage</i>	38a-91hh(c)(2)
Sec. 13	<i>from passage</i>	38a-91hh(g) to (i)
Sec. 14	<i>from passage</i>	38a-91nn(a) and (b)
Sec. 15	<i>from passage</i>	38a-226a(f)

Sec. 16	<i>from passage</i>	38a-260
Sec. 17	<i>from passage</i>	38a-364(b)
Sec. 18	<i>from passage</i>	38a-465a(c) and (d)
Sec. 19	<i>from passage</i>	38a-465c(a)
Sec. 20	<i>from passage</i>	38a-465e(a)
Sec. 21	<i>from passage</i>	38a-465e(e)(1)
Sec. 22	<i>from passage</i>	38a-465h(c)(2)(B)
Sec. 23	<i>from passage</i>	38a-465i(a)(5)
Sec. 24	<i>from passage</i>	38a-465j(a)(2)(A)(i)
Sec. 25	<i>from passage</i>	38a-465p(a)
Sec. 26	<i>from passage</i>	38a-470(c)
Sec. 27	<i>from passage</i>	38a-696(c)
Sec. 28	<i>from passage</i>	38a-860(f)(1)
Sec. 29	<i>from passage</i>	38a-860(g)
Sec. 30	<i>from passage</i>	38a-981
Sec. 31	<i>from passage</i>	38a-984(b)
Sec. 32	<i>from passage</i>	20-329e
Sec. 33	<i>from passage</i>	20-329f(a)
Sec. 34	<i>from passage</i>	42-491(b)
Sec. 35	<i>from passage</i>	51-344b
Sec. 36	<i>from passage</i>	Repealer section

**Statement of Purpose:**

To make technical revisions to the insurance statutes.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*